

California Department of Water Resources
Integrated Regional Water Management Grant Programs

**CERTIFICATION FOR GROUNDWATER MANAGEMENT PLAN COMPLIANCE
FOR THE
PROPOSITION 84, IMPLEMENTATION AND
PROPOSITION 1E, STORMWATER FLOOD MANAGEMENT
GRANT PROGRAMS**

Grant Program: ☒ Implementation ☐ SWFM
IRWM Region: Santa Barbara County
Agency name: Santa Maria Valley Water Conservation District
Project Title (as shown on application form): Twitchell Reservoir Sediment Mgmt & Groundwater Recharge

Please check one of the boxes below and sign and date this form.

- ☐ As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that the agency has prepared and implemented a GWMP in compliance with CWC §10753.7.
- ☐ As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that the agency participates or consents to be subjected to an existing GWMP, basin-wide management plan, or other IRWM program or plan that meets the requirements of CWC §10753.7(a).
- ☐ As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that agency consents to be subjected to a GWMP that will meet the requirements of CWC §10753.7 and be completed within 1-year of the grant application submittal date.
- ☒ As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California that the agency conforms to the requirements of an adjudication of water rights in the subject groundwater basin.

I understand that the Department of Water Resources will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Department of Water Resources may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

Thomas C. Carbbinos
Name of Authorized Representative
(Please print)

[Signature]
Signature

District Director
Title

03/18/2013
Date